

## **Walker River Paiute Tribe**

1022 Hospital Road • P.O. Box 220 • Schurz, Nevada 89427

Telephone: (775) 773-2306 Fax: (775) 773-2585

## TRIBAL ID CARD REQUEST FORM

SECTION 1: MEMBE	R INFORMATION	I			
ROLL #:	BIRTHDATE:				
(Please Print) MEMBER NAME:	LAST	FIRST		MIDDLE	MAIDEN
PHYSICAL RESIDENCE:					
	STREET	APT.#	CITY	STATE	ZIP CODE
MAILING ADDRESS:			ITY	STATE	ZIP CODE
TELEPHONE: (	_)				
SECTION 2: MEMB	ER ID DATA - P	LEASE UPDATE YO	UR INFORM	MATION	
HEIGHT: WEIGHT: HAIR COLOR: EYE COLOR:					
<b>SECTION 3:</b> MEMB	ER SIGNATURE				
	rmation or misr	epresentation of tl	ne informa		ef. I understand that rein for the purposes of
SIGNATURE:	TURE: DATE:				
Check this box if enrolled member		g above is the assigr	ied Power o	of Attorney (POA) or	Guardian of the
		**FOR OFFICE	USE ONLY	**	
Card Issued:	Yes	No			
First card: Fre	e				
Replacement Fee:	\$15.00				
Disposition:	Mail P	ickup By:	Enr	ollment Office	